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RESEARCH

Participação do companheiro nos cuidados do binômio mãe e filho: percepção de puérperas

Partner participation in mother and son care: perception of puerperal women

Participación del compañero en el cuidado de la madre y el hijo: percepción de las puérperas

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ABSTRACT

Objective: to reflect the perception of postpartum women about the partner participation to the mother and son care. **Method:** a descriptive study, qualitative in nature, carried out with 20 postpartum women living in the city of Campo Mourão-PR. Data were collected between February-March 2014, through recorded and subsequently subjected to content analysis thematic semi-structured interviews. The study was approved by the Ethics Committee in Research under protocol 727 405/2014. **Results:** two categories emerged: Feelings touched upon with the arrival of a new member in the family; Hands promoting livelihood also care. **Conclusion:** the effective participation of the partner was evidenced by the women. However, the baby care are still incipient and participation is more effective in the postpartum care and domestic tasks. **Descriptors:** Postpartum period, Paternity; Family relations, Caregivers.

RESUMO

Objetivo: apreender a percepção de puérperas acerca da participação do companheiro nos cuidados prestados ao binômio mãe e filho. **Método:** estudo descritivo, de natureza qualitativa, realizado com 20 puérperas residentes no município de Campo Mourão-PR. Os dados foram coletados no período de fevereiro a março de 2014 por meio de entrevistas semiestruturadas gravadas e, posteriormente, submetidos à análise de conteúdo, modalidade temática. O estudo foi aprovado pelo Comitê de Ética em Pesquisa sob o parecer 727.405/2014. **Resultados:** emergiram duas categorias: Sentimentos aflorados com a chegada do novo membro na família e As mãos que promovem o sustento também cuidam. **Conclusão:** a participação efetiva do companheiro foi evidenciada pelas puérperas; contudo, os cuidados com o bebê ainda são incipientes, sendo a participação mais efetiva nos cuidados direcionados à puérpera e às tarefas domésticas. **Descritores:** Período pós-parto, Paternidade, Relações familiares, Cuidadores.

RESUMEN

Objetivo: reflexionar sobre la percepción de las mujeres después del parto sobre la participación del compañero en el cuidado de la madre y el hijo. **Método:** estudio descriptivo, de naturaleza cualitativa, realizada con 20 mujeres en posparto que viven en la ciudad de Campo Mourão-PR. Los datos fueron recolectados entre febrero y marzo de 2014, a través de audio y posteriormente sometidos a análisis de contenido de entrevistas semi-estructuradas de modalidad temática. El estudio fue aprobado por el Comité Ético en Investigación bajo el protocolo 727 405/2014. **Resultados:** surgieron dos categorías: Sentimientos con la llegada del nuevo miembro de la familia; Las manos que sustentan también cuidan. **Conclusión:** la participación efectiva del compañero fue evidenciado por las mujeres; sin embargo, el cuidado del bebé es todavía incipiente y una participación es más efectiva en el cuidado de posparto y las tareas domésticas. **Descriptores:** Período de postparto, Paternidad, Relaciones familiares, Cuidadores.

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INTRODUCTION

The postpartum period is characterized as a complex moment in women's life, experiencing great diversity of feelings, including anxiety by assuming a new role as mother or even mother of more than one child.¹ It is during this time that she most needs care, support and security, in order to cope in a balanced way the changes occurring in her body, as well as the psychological and hormonal changes she has.² In this way, considering the puerperal woman needs to be monitored and especially supported at this time, it emphasizes the importance of this assistance being offered by someone she trust, for example her partner.³ Thus, it is essential her partner's participation and support, as these modifications can be better experienced when her partner is present and especially when he has an active participation every day.⁴

In this sense, the present imposes a new concept of fatherhood, as the man who before was seen responsible for providing the family, is assuming an increasingly egalitarian participation in the child care,⁵ as well as in household chores, being fundamental aspects for the balance of the family during the transition with the birth of their children.³ Therefore, it is not uncommon to need a family reorganization effected by redefinitions of everyday tasks with the partner being encouraged and included in these changes.⁶⁻⁷

Nevertheless, his presence in baby care has become as necessary as the mother's,⁸⁻⁹ especially in the of physiology, psychology and social development of the child.¹⁰ Studies have shown that effective father involvement provides positive outcomes for the baby, such as encouraging breastfeeding,¹¹ favoring the development of the baby and the father-child bond, and¹² consequently greater social capacity and emotional regulation.¹³ Furthermore, it must be considered that due to dependency and immaturity during the development, the helpless child needs care and the presence of adults to ensure their survival. In this sense, the role of the father becomes complementary and fundamental.^{13,6}

In this sense, it becomes necessary the father feeling safe and able to undertake the care, since they experience with some frequency, feeling of insecurity and anxiety.¹³⁻¹⁴ Despite this, studies have shown the recognition by men about their importance in the care of their children, however, being linked to the need to receive guidance on how to provide this care.¹⁴ This same purpose is also observed father's dissatisfaction with not being inserted in prenatal consultations which is perceived as something unique to women.^{4,7}

Thus, considering the importance of the participation of the partner in the context of puerperal care, the many benefits that his presence can trigger for the mother and the baby

and the numbers of studies investigating this issue, it becomes important to know how is father's involvement in the care provided to the mother and child, especially from the perspective of postpartum women who more experience this participation. Therefore, this study aimed to reflect the perception of puerperal women about the participation of their partners in care to the mother and son.

METHOD

This is a descriptive study, of qualitative nature, conducted by the puerperal women resident in Campo Mourão - Paraná, who had their children in the months of June and July 2014. They were located by searching the records with the Cegonha Feliz program, which was implemented in the municipality in 1996, with the objective of reducing maternal and child mortality.

All children born in the municipality are still enrolled in the Program during hospitalization. In this situation, it is filled in a form containing data regarding the address, identifying the mother and child, history of previous pregnancies, birth data, information related to the current pregnancy, way of delivery, and family planning. On this occasion, guidance is still offered related to self-care in the immediate postpartum period, and care for the baby, later home visits are conducted according to the needs of mothers and babies.

Having the registration forms, a survey was held with puerperal mothers over 18 years old, who resided with her partner and whose date of birth allowed to identify that the delivery had occurred more than 30 and less than 40 days. In these cases, telephone contact was made to ask for participation in the study. In this phone call the purpose of the research and the type of desired participation were explained. Upon agreement to participate in the study, the scheduling of home visits on days and times according to the availability of puerperal women were proceeded. The participants were the first 20 mothers addressed, since they had no previous design of the number of subjects, so that the amount of individuals was determined by saturation of the data and especially, as far as reaching the goal initially established.

Data collection took place at mother's homes during the months of July and August 2014, through interviews using a semi-structured questionnaire consisting of two parts: the first part, containing questions related to socio-demographic characteristics and the second part, composed of three guiding questions: a) How was the participation of your partner in caring for your child? b) And in caring for you? c) Talk to me about the care provided by you and by him.

Upon their consent, the interviews were recorded and later transcribed and then analyzed for thematic content,¹⁵ which involves three stages: a) pre-analysis - organization,

transcription and separation of the empirical material, followed by a brief reading of the material seeking relevant units of record for the study; b) exploration of material and treatment results - understanding of the material through successive reading material, seeking classification or data aggregation and transformation of raw data into core text comprehension by affinity of themes/subjects. From the empirical classification with common sense and confrontation with the literature findings the main categories were listed; and c) interpretation of results - deepening of categories through articulation of empirical data with theoretical material, considering the research objectives, the themes that emerged from the data collection and theory.

The development of the study was in accordance with the guidelines governed by Resolution 466/2012 of the National Health Council, and approved by the Permanent Committee on Ethics in Human Research from the State University of Maringá (727 405/2014). All the participants signed an Informed Consent Form (ICF) in two copies. In order to maintain the anonymity of the participants, it was decided to use the pseudonym of flowers to the mothers, since the woman has the delicacy, fragility of the flowers and the strength of being a mother, followed by a number indicating the age and initials PRM for women pregnant for the first time and N-PRM for those with more than one child.

RESULTS AND DISCUSSION

Twenty mothers were the participants of this study, aged 18-45 years old, and 12 has their first pregnancy. Regarding education, most of them (19) and their partners (14) had more than eight years of study. In turn, the average family income was three times the minimum wage, where four mothers reported being housewives and all their partners had permanent jobs.

Through the testimonies obtained, two themes have emerged: “Feelings touched upon with the arrival of a new member in the family” and “Hands promoting livelihood also care”.

Feelings touched upon with the arrival of a new member in the family

Babies' care from not only the puerperal, but also her partner, is permeated by feelings of fear, anxiety and insecurity, making difficult their performance.

At first, it was all scary, everything is new to us [...] (Tulipa, 23 years old, PRM).

Being new father and new mother, all is very new [...] everything is worrisome [...] (Azaleia, 29 years old, PRM).

Feelings touched upon the care of the newborn involve difficulties and insecurities by fear of the couple, especially those who are experiencing parenthood first child, being related to a lack of experience and the idea that the baby is a fragile being who requires care that is more delicate. Furthermore, feelings of anxiety and insecurity are common in women during the care of the newborn. This relates to the new situation that requires the woman and her partner a slow and gradual process of incorporating the new condition of being parents. To care and understand the baby, parents are forced to review their role in the family, incorporating a new identification, as caregivers, which can cause internal conflicts related to performance.¹⁶

An aspect that can sometimes exacerbate this insecurity is the lack of guidance on baby's care during the prenatal or postpartum. When these guidelines are present they strengthen confidence and encourage the practice of care.

[...] I'm quite concerned when she cries and I do not know what she has, so far I did not learn what to do [...] (Gardênia, 18 years old, PRM).

[...] There were two weeks of adaptation, very difficult for me, my bosom inflamed, so my husband did not have much to do because he did not know how to deal with the baby and me [...] (Tulipa, 23 years old, PRM).

It is realized that the lack of guidance and information offered by health professionals during the pre-natal, delivery and postpartum period is indeed relevant to the emergence and perpetuation of insecurity in postpartum women and their partners about baby's care and still in her own care. With these feelings, it is clear the need for emotional support and guidance directed to the care of the baby, to facilitate coping and adaptation of the couple.¹⁷

Nevertheless, a study among 2,422 women in Rio de Janeiro-RJ noted that the guidance offered before delivery, although increasing with the pregnancy, were quite limited and generally does not cover the specific baby care and the postpartum period. It is also noted that in this study, guidance on breastfeeding were received for only 50% of pregnant women.¹⁸

In this sense, the literature has been observing that the care provided to women during the postpartum period is mostly geared to meet the presented physical needs and even they are insatisfactories.⁸ Thus, fear, anxiety and doubts arising from various natural factors to this moment in the life of the couple, are supporting the lack of listening and dialogue, which helps to make it more conflictive.⁸

Thus, it is necessary the provision of guidance by the health professionals, in order to reduce the difficulties experienced by the couple to make them safer, as it clarifies the ways of caring, encouraging and assisting them in the insertion of care.²⁰ The consequences of doubts related to these issues are insecurity and the dependence of health professionals, which makes deficient active participation in the care of the couple to the baby. Also, the reduced inclusion of man-father in the education process in health during pregnancy and the

postpartum period and may result in a lack of confidence by the puerperal, in the ability to her partner developing basic baby care.

[...] Is that I like to tinker with it, not because he did not want [...] is because the nurse at the hospital showed me how giving the bath, so I like to take care of her [...] (Jasmine, 45 years old, N-PRM).

Jasmim's report highlights the insecurity to let her partner to take some basic activities with the child, which brings us back to the need to include men in the guidelines offered, not only in order to prepare him to care but also to increase confidence in the puerperal mother about his ability to actively participate in the care. Thus, it is essential that health professionals, especially nurses, provide appropriate care guidelines and insert the man in this process, because their constant presence in the life of the child is as necessary as for the mother.^{8,19}

A good child development needs, in any case, both parents assuming complementary roles.⁵ Furthermore, it must be considered that many times the partner is the sole or main reference for the puerperal women living in her home, becoming like that with whom she can count to perform more care with her and the baby. Thus, it is believed that when well informed and prepared, the man can promote safety and consolidate the family structure.³

On the other hand, the experience of the several changes that permeate the life of man facing the baby's arrival, together with the weakness in knowledge of how to perform such care, can often make the man feel unfit and still show resistant to exercise this role.

In the early days he was afraid to take it, then he was getting used [...] now he has lost the fear (Frésia, 26 years old, PRM).

He's still afraid, he thinks it's too tiny to change, bathe, these things (Iris, 22 years old, PMR).

The feeling of insecurity and lack of preparation by the parent is recognized in the statements of Frésia and Iris as an important blocking factor for participation in basic baby care. Thus, it is important to highlight that the puerperal mothers develop a critical role in father-child relationship, promoting or hinder this relationship, which has been under construction since the birth.⁸ When the participation of the partner is valued and encouraged by the mother, it believes that the paternal fears are mitigated because they can positively facilitate the experiences of fatherhood encouraging their partners and providing emotional support to their involvement with the son.³

Nevertheless, reports of effective participation of partners in care as diaper changing, feeding, bathing, hygiene of the umbilical stump and packing the baby were observed, being this participation a source of satisfaction for both.

[...] He took the baby from the crib and gave it to me, then I nursed. After he had burped, changed and put back in the crib [...] he was a good mate, he gave his first bath (Violet, 33 years old, N-PRM).

He cares, gives the bottle, change diapers, takes the baby in her lap, he does everything. When he puts the baby to sleep then he says: Look

dear, come to see if it is good like this [...] (Gardênia, 18 years old, PRM).

Although sometimes they even request the approval of the partner, as noted in the statements of Gardênia, the participation of the father, even if still modest, was reported as a positive and effective, helping the postpartum women in primary care. These reports showed the availability and remarkable efforts of the partners to participate and engage with the binomial since the first days after birth. The father figure has been more affectionate and loving when it comes to family care. This shows a greater understanding that at this point the man is truly born as a father.²⁰

It is noticed that in some cases, the partners were the ones who guided the puerperal women about how to proceed, or motivating them to achieve the care.

[...] He did everything, changed diapers, gave the bottle, bathed, cleaned his navel, he taught me to do things, I learned everything from him [...] (Begônia, 30 years old, PRM).

[...] He was a good mate, gave his first bath, even before me, to drop the navel, I had no courage. So he has been a good daddy (Girassol, 27 years old, PRM).

Corroborating the statements, studies with mothers and fathers as informants, highlighted the changes in the role played by the father in today's family, especially emphasizing greater participation in child care,^{3,14} several tasks within the household chores related to care such as paying attention and stay with the baby, changing diapers and clothes, giving the bath, getting the baby to sleep or calm the baby down.¹³

On the other hand, it is noticed that when unbelievers of their partners' skills, it is uncommon for the puerperal mothers start to inhibit their participation or to excluding them from the care.

[...] Sometimes I have to fight with him, because she is quiet and he wants to take her, then I'll fight. He wants to participate, I am a doting mother [...] then (laughs) with fear I do not let him do it (Orquídea, 33 years, N-PRM).

[...] It helps me on the basics things, but to bathe, change her diaper (pause) no! Because I'm afraid. They (the partners) are kind of awkward, I'm afraid he fell and hurt the baby (Rosa, 25 years old, PRM).

It is observed that some women showed disbelief in the ability of their partners can collaborate on baby care. In these cases, they were perceived as clumsy and without the ability to perform basic tasks such as bathing and diaper changing. Thus, the partners are recognized as needed by the women in the care process, however, they often treated them as mere observers, who were not trained for this function. When they do not trust the ability of the partner to perform basic baby care, these mothers can influence them negatively in the process, greatly restricting the actions of the father in routine care.^{13,21}

Nevertheless, some studies^{7,22,5} show the woman as a facilitator of interaction father-child bonding process, since she allows greater or lesser participation to the partner in care

of the baby and the subjective issues of relationships, may be in these cases to optimize or not the quality of family life.

In turn, the excessive devotion of the mother to the baby can cause feelings of jealousy in her partner, which can be compounded by the fact that women always try to assist the needs of the baby and at the same time decreasing their dedication to the couple relationship.⁷

[...] He was so jealous at first, saying that I had more time with the baby than with him (Camélia, 32 years old, N-PRM).

It is clear, from the statement of Camélia, that the partner began to feel left behind after the arrival of the child, and the paternal jealousy is present mainly due to the great demand for maternity care for the baby. Thus, studies have indicated that an intense relationship of affection and protection exerted by the mother to her children, although natural and intrinsic to the feminine nature, can sometimes exclude the partner and promote a distance from home.¹³⁻¹⁴ This usually occurs during the first month of a baby's life, during the couple's estrangement occurring before the new experience and changing roles.²⁰

The arrival of a new member to the family consists in an important moment of transition in the lives of the couple, causing intense changes in their emotional and relational organization. In all couples, they are well adjusted or not, this event, depending on how it is conducted, may strengthen the marital bond, or otherwise alter the quality of emotional exchanges causing wear in the relationship.^{1,21}

Hands promoting livelihood also care

When talking about their partner participation in self-care, some puerperal women revealed that this participation occurs effectively and demonstrated in their countenances and their manner of speaking that this is a matter of great satisfaction to them. Participation was in direct care as dressing, bathing, feeding and also in assisting in various tasks in order to prevent efforts of the puerperal women.

He helped me because of the cesarean I almost could not stand up (pause) [...] he helped me in the bathroom, preparing the water, helped me to get up of bed [...] I showered and he helped me dry the cesarean , he washed my feet because I could not go down a lot and made food for me (Tulipa, 23 years old, PRM).

[...] He helped me a lot, from the hospital to home, he was my two hands, helped me in the bath, even changing me because I could not turn down due to cesarean section [...] (Jasmim, 45 years old, N-PRM).

[...] He made my dressing cesarean section [...] (Gardênia, 18 years old, PRM).

Through the statements, it is possible to identify how the partner participation is necessary and important in specific care with puerperal women, not only for having the care provided, but the meaning that this care is for them, because they feel happy, cared,

accepted and supported by their partners who perform delicate care and the realization of cleaning a wound, even the simple act of drying their feet. Indeed, these mothers are touched by the care and dedication of their partners, who are perceived as manifestations of affection and love, which strengthens the relationship bond of affection and fostering closer ties among the couple and complicity to care together for the new family member.

Moreover, it is also during this period that their partners perceive their wives as fragile creatures who need more care and help for simple tasks. Thus, they feel sensitized to change role, becoming not only the one who provides sustenance, but also providing direct care to his wife and hence his family. In this sense, a study conducted in Natal-RN with 15 men whose partners were experiencing postpartum, noted that for them, the postpartum period is little known, which makes them unsafe, but realize that it is in this period that a woman needs more care, attention, sleep, and still helps, of abstention in domestic tasks.¹

This approach to the women leads to a sense of security and support that consolidates through being together, helping to rest and leisure, trying to reduce their fears and anxieties, enabling new forms of interaction between the couple.^{7,17} Nevertheless, the caregiving activities is represented in the social imaginary as a natural function of the woman, as in society, the functions and roles in the family are organized by gender and sometimes does not provide male participation in family and home tasks.¹⁷ However, fathers, as well as being recognized as important emotionally for their children, are also considered necessary and increasingly involved with the care and welfare of the puerperal women.¹ Family care then, historically inherent to women in special situations, such as the postpartum period, often culminates in a change of roles, with the man assuming the role of foster care and keeping his wife healthy.¹⁰

In is this period, the routine care for the newborn and the house chores, may predispose to the puerperal woman physical exhaustion, especially when she has no one to share the household chores. At that moment, her partner can become a great ally, available to actively help for baby's care or to perform household chores, being favorably disposed to prevention of wear of women and development of family ties.

I feel so well cared, he has even ironed clothes. He cleans the kitchen, washes the dishes [...] I did not know he was so organized (Amarilis, 22 years old, N-PRM).

My husband helped me with the preparation of food and going to the market (Orquídea, 33 years old, N-PRM).

It helps me to clean the house for me to stay with the baby (Iris, 22 years old, PRM).

He helped me to wash the dishes, prepare the food, cleaning the house (Rosa, 25 years old, PRM).

He is very helpful [...] he did everything, I have nothing to complain. Until now he did not let me do anything (Acácia, 23 years old, PRM).

The statements show that their partners, motivated by the arrival of their son and fragility of women during this period, began to take over and perform household chores, and

even be responsible for some of them such as cooking, washing dishes, ironing and cleaning. This participation is very important because as the partner performs various domestic tasks, which were developed only for the woman, she now has more time to care for the newly arrived son and herself.

However, it is noted that upon being urged to talk more about partner participation in caring for them, some women quickly associated with this investment performing housework, which even mentioned several times as something new and surprising, since this practice was not part of the family routine so far. Thus, it is understood that partner participation in home care is an ongoing process, because it was mostly referenced by the word “help”, which leads to the understanding of aid, that is something secondary. However, in the current context where the majority of women also work outside, the partner should play complementarily, the family care and household chores, beyond the postpartum period.

Father's participation in the division of housework is important for family harmony throughout the course of family life aspect, specifically during the transition due to the birth of children.³ When there is a redistribution of tasks, the family lives a more balanced operation especially when men and women develop complementary roles.¹

This is because although women are considered human beings naturally destined to the act of caring, they also need care at some periods of their life and the postpartum period is one of these moments. If they can count on the support of a social network and, in particular, their partner for child care in the first month of life, the care of themselves or even with the house, for sure the experience of this period would be much better.

In this context, it cannot be considered that today's man in general, but has sought to reconcile their work in order to help and it was present in mother's care to the children and home activities.¹ These changes are crucial to strengthen the exercise of fatherhood, in addition to providing greater safety and emotional balance to the couple.³

Thus, the statements show a solicitous man-father, willing to emotional exchanges and demonstration of partnership, sharing and implementing responsibilities and concerns with his partner and son. Although, sometimes the participation of this partner was not so concrete and perpetuated the idea that women are primarily responsible for the care of the baby and home, there were bigger reports of the partners trying to insert in the care.⁵ Then, it is highlighted the process, the importance of man being present in puerperal care because not only is a necessity of his wife and son, but also the couple's needs,¹⁷ highlighting men's motivation of involvement since the beginning of the post-partum, seeking full bond in father-mother-son relationship.

CONCLUSION

Through reports obtained by the mothers, it is concluded that the participation of their partners in baby care and with them, in an effective way arousing feelings of satisfaction, and strengthen the family bond and encouraging marital relations, and between father and son. Specific baby care have been reported, however, feelings of anxiety and insecurity arising from poor knowledge about how to perform such care have been also reported, resulting in lack of confidence of the puerperal in their partners' abilities, or with their disaffection by not believing to accomplish such care.

Puerperal care were also cited, showing that during this period the woman is seen by her partner as sensitive and fragile, requiring her care and home maintenance. This participation breaks paradigms in which women are seen as responsible for the care and promotes an exchange of roles, in which man takes responsibility beyond family provider, but also as one who shares and offers different kind of care.

It is worth noting that this study was conducted from the perspective of women, it is not possible to know the perception of the partner regarding their participation in care in order to have a more comprehensive and complete picture of how the relationships of family care work upon the baby arrival. But the testimonies found are still relevant to show the importance of participation not only in partner care, but also in building relationships and strengthened family ties. It is through this perspective that health professionals need to recognize the importance of the partner, as essential inclusion throughout pregnancy and postpartum process, in order to contribute to the expansion of fatherhood involvement at this time of life.

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